

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/489,192	01/20/00	380	2766	MSI-407US

APPLICANT

SCOTT A. FIELD, REDMOND, WA.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/143,438 07/13/99

[Signature]

****371 (NAT'L STAGE) DATA*******

VERIFIED

[Signature]

****FOREIGN APPLICATIONS*******

VERIFIED

[Signature]

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/18/00 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 6	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 10
Verified and Acknowledged <i>[Signature]</i> Examiner's Initials _____ Initials _____					

ADDRESS	LEE & HAYES PLLC 421 W RIVERSIDE AVENUE SUITE 500 SPOKANE WA 99201	Customer # 22801
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TITLE	METHODS AND SYSTEM FOR PROTECTING INFORMATION IN PAGING OPERATING SYSTEMS
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FILING FEE RECEIVED \$1,740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 5535

SERIAL NUMBER 09/489,192	FILING OR 371(c) DATE 01/20/2000 RULE	CLASS 713	GROUP ART UNIT 2133	ATTORNEY DOCKET NO. MSI-407US
APPLICANTS SCOTT A. FIELD, REDMOND, WA; ** CONTINUING DATA ***** <i>JP</i> This appln claims benefit of 60/143,438 07/13/1999 ** FOREIGN APPLICATIONS ***** <i>JP</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/18/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>JP</i> Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 6	TOTAL CLAIMS 48 INDEPENDENT CLAIMS 10
ADDRESS 22801				
TITLE METHODS AND SYSTEMS FOR PROTECTING INFORMATION IN PAGING OPERATING SYSTEMS				
FILING FEE RECEIVED 1740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	